



National Newborn Health Bulletin

Issue 4, July - September, 2017



Photo Credit: Save the Children

Editorial note

It is my great pleasure to share the 4th issue of the National Newborn Health Bulletin from NNHP&IMCI. An attempt is made to present the performance analysis of essential newborn care indicators from DHIS-2 and data received during the revisit program for the newborn interventions that have been recently rolled out i.e., Helping Babies Breathe and use of 7.1% Chlorhexidine application for newborn cord care. Inspiring case studies of new newborn interventions such as Kangaroo Mother Care, Helping Babies Breathe and experience of child birth in urban slum enrich this issue. Some activities of NNHP&IMCI and social media activities on newborn are also shared here.

I express my gratefulness to the Director General of Health Services and Line Director, MNC&AH for their continuous support and advice in accomplishing our tasks. I extend my special thanks to development partners, professional organizations and other stakeholders for their cooperation as well as technical support for strengthening the newborn health interventions in the country. Finally, I would like to thank everyone who worked hard directly and behind the scene for publishing this newsletter successfully. We will continue our efforts to share the updates on all the exciting works happening in Bangladesh to end preventable newborn deaths.

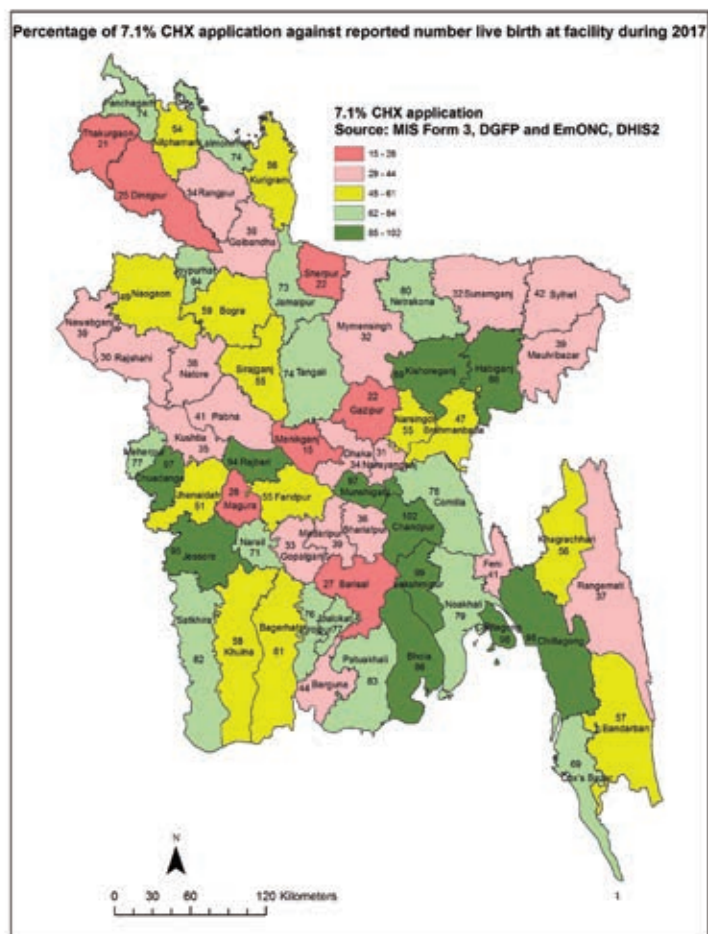
Dr. Khaleda Islam

Director, PHC & PM, NNHP & IMCI, DGHS

Performance analysis of Essential Newborn Care (ENC) indicators from DHIS -2 data

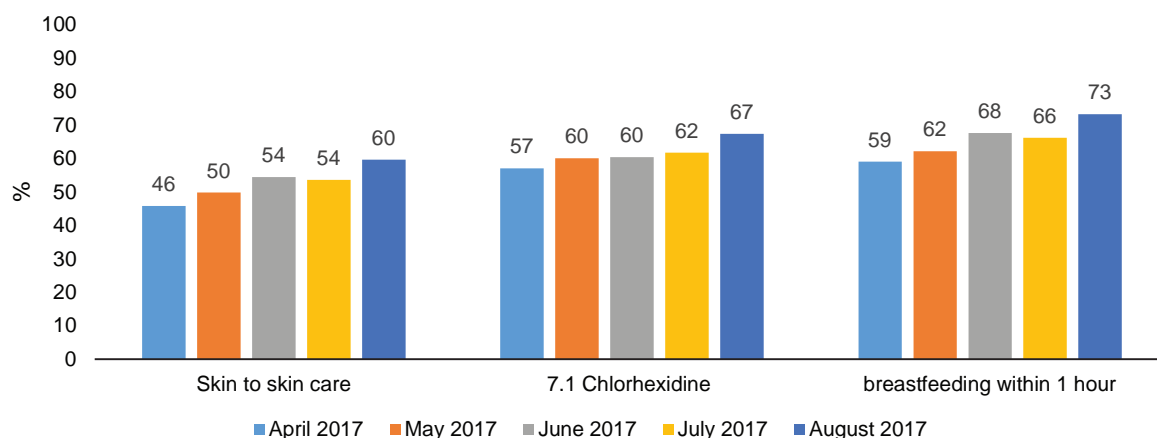
DGHS has incorporated the ENC indicators in EmONC report which shows a gradual progress. The graph below, shows that the percentage of skin to skin care in the month of April was 46% and gradually increases up to 60% in the month of August. There is improvement in utilizations of 7.1% CHX which rises in report 67% in August from 57% in April. Initiation of early breast feeding also shows a significant improvement that reached 73% at end of August from 59% of month of April.

The map is showing district wise percentage of application of 7.1% CHX at facility during 2017. There was a wide variation among different districts in application of 7.1% Chlorhexidine application. The map shows that the average percentage of application of 7.1% CHX at facility is 57%. We can find 11 districts as highest performance districts [score >85%] and 7 districts as lowest performance districts [score <20 %].



Percentage of newborn received essential newborn care at facility against reported live birth during April to August 2017

Source: EmONC report, DHIS 2, DGHS

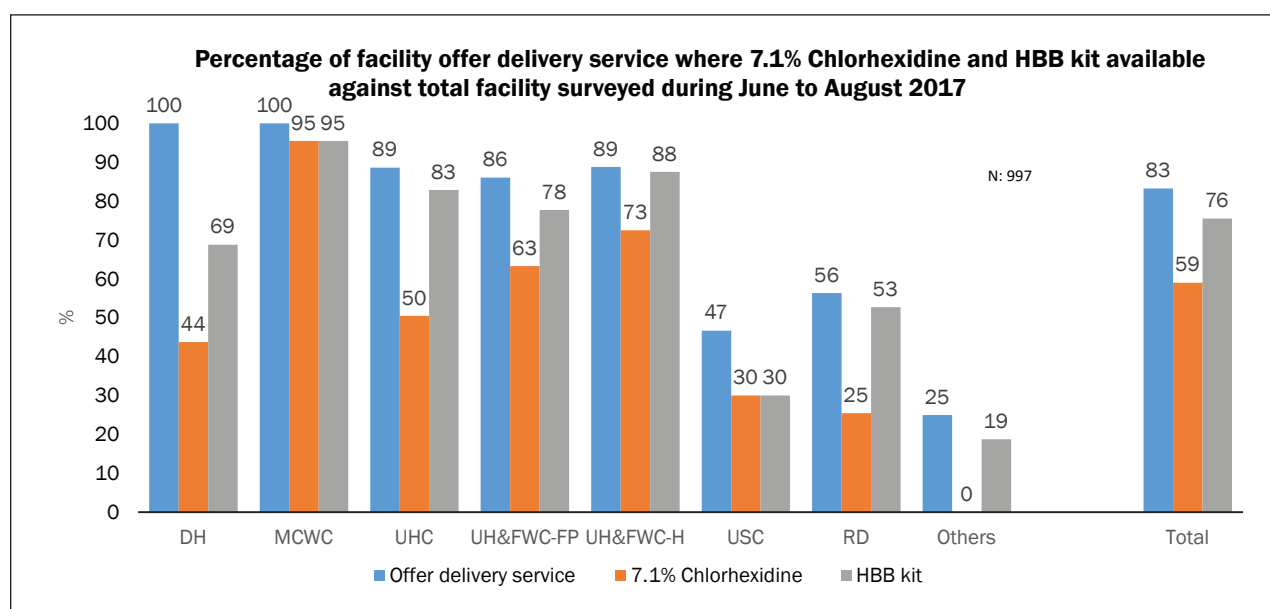


Revisit on specific newborn health intervention

Preliminary findings from revisit data of 16 districts of phase 3 [Period July 2017 – September 2017]

(Standard check list included data on HR and skill retention, facility readiness, medicine, supply, service utilization and stock status of 7.1% Chlorhexidine in all facilities of 16 districts)

1. The average percentage of the facilities delivery service is available where Chlorhexidine and HBB kits are available is 83%, 59% and 76% respectively.
2. The average percentage of District Hospital (DH), Maternal and Child Welfare Center (MCWC) and Upazila Health Complex (UHC) where delivery service and Chlorhexidine is available by facility is 100% and 44%, 100% and 95%, 89% and 50% respectively whereas the average percentage in UHFWC [FP] and UHFWC [H] is 86% and 63% , 89% and 73% respectively.
3. Facility had supply of Inj. Gentamicin, Inj. Amoxicilline and MgSO4 are 18%,76% and 13% respectively.
4. Average percentage of 7.1% Chlorhexidine trained personnel available in facilities is 69%
5. Average percentage of HBB trained personnel available in facilities is 54%



Basic EmOC training for Family Welfare Visitors to improve maternal and newborn health outcomes

A Five day long training on customized package of Basic EmONC was organized under Strengthening Health Outcomes for Women and Children (SHOW) project of Plan International Bangladesh supported by Global Affairs Canada (GAC) on 10-14 September, 2017. Sixteen Family Welfare Visitors (FWVs) of SHOW project-working areas (All upazilas of Nilphamari district, Sadar upazila of Barguna district and Panchari Upazila of Khagrachari district) participated in the training. Renowned professionals of gynecology & obstetrics (immediate past President and Secretary general) and paediatrician of Bangladesh were present as facilitators in the training. The training emphasized on building capacity of FWVs on management of basic emergency in MNCH service.

A story of resurrection

Tayeeba, the second child of Rikta Begum and Md. Tara Mia, is now five years old. They live in a remote village of Gani byaparir dangi of Sadarpur Upazila, Faridpur district. Tayeeba is not yet going to school but she has grown like a normal child of her age. There was chance that this asphyxiated baby could have been compromised in cognitive development, nevertheless she has memorized the Bangla alphabets, numbers and rhymes; she plays with her friends. It is incredible to imagine now what this child had gone through in the first couple of hours of its life.

It was 9 March 2012. Tayeeba was not crying and had difficulty in breathing. She could not move. But she was lucky because Sakhina Begum, a CSBA who just completed her HBB training, was around. Following the training she also got HBB kits to help her provide delivery service at home.



CSBA Sakhina Begum with Rikta Begum and her baby Tayeeba in 2012.



Tayeeba with her parents in 2017

When Rikta experienced labor pain, her husband Tara Mia quickly called on Sakhina Begum to their home. Sakhina Begum first tried to clean the meconium from mouth and nose by using Penguin Sucker. Then she tried to stimulate the baby by rubbing the back of the baby on its spinal cord. But she failed to make the baby cry, so she started artificial ventilation by using bag and mask. She managed to get for the baby 40 rounds of artificial breathing per minute. Suddenly the baby moved and cried out.

“If I did not have HBB training, I cannot imagine, how I could help the baby survive such a serious condition at home”, Sakhina said with pride and joy.

The mother, Rikta Begum, was grateful to Sakhina. *“Had Khala (Sakhina Begum) not been around my child, it would not survive,”* Rikta said. In her third pregnancy Rikta has already made sure that Sakhina is there at her side when she delivers.

Sakhina Begum has been working as HA in her area since 2007. She got six months long CSBA training. In February 2012 she got HBB training that was organized by IMCI section supported by MaMoni HSS Project and funded by USAID. She was promoted to AHI in the same year for her good performance.

Some NNHP&IMCI activities



NTWC meeting

A meeting of the National Technical Working Committee for Newborn Health (NTWC-NBH) held on 30th august, 2017 at IMCI conference room, EPI Bhabon, Mohakhali Dhaka.

Workshop on capacity building on Co-ordination & Performance Appraisal Health managers and statistician for quality improvement of child health services held on 25-26/09/2017, IMCI Conference room where health managers and statistician from Habiganj, Noakhali, Lakshmipur & Jhalokathi district were present to analyze IMCI service & reporting related programme.



Performance appraisal meeting



TOT on revised IMCI protocol

TOT on revised IMCI protocol were held on 12/09/17 & 19/09/2017 at IMCI conference room

The magic of KMC: Intervention without equipments!

Shamsun Nahar, 20 years old lady, wife of Mosarraf Hossain, was from Chorkakra union of Companiganj upazila, Noakhali district. She became pregnant two month after her marriage. From the beginning of pregnancy she became sick. During her 28th week of pregnancy she became weak and suddenly experienced delivery pain. She went to Compninganj Upazila Health Complex for the first time ANC during her pregnancy. After examination and measuring her condition the doctor advised her to admit immediately in hospital. Far before expected date of delivery, Shamsun gave birth to a premature baby girl on 24th May 2017. Birth weight of the baby was only 1500 gram. The mother was counselled not only to initiate early breast feeding within first hour of birth but also advised to admit in KMC corner as the weight of the baby was very low. The parent, convinced by provider's counselling, decided to admit and continue KMC procedure on 25th of the same month. The weight of the baby gradually increased day by day which is put on the below table.

Date	Date of birth	Date of admission in KMC	Date of discharge	1 st follow up	2 nd follow up	3 rd follow up
	24.05.17	25.05.17	05.06.17	19.06.17	02.08.17	18.09.17
Weight	1500 gram	1700 gram	1800 gram	2000 gram	2500 gram	4300 gram

Shamsun Nahar, took regular advice and visited the facility regularly for follow up. She and her family is very grateful to get such a service.



Shamsun Nahar's follow up visit.

Social Media Activation on Newborn Health

The Government of Bangladesh has prioritized interventions to target the major causes of newborn death as part of the Bangladesh Call for Action 2013, and formalized in subsequent policy decisions. National Newborn Health Program (NNHP) has been included in new health sector plan as an individual programme to prioritize the scale up of key newborn intervention.

For branding of the “National Newborn Health Programme”, the Communication, Advocacy and Partnership (CAP) section of UNICEF Bangladesh has been running an online social media campaign on Newborn Care with support from the Health Section of UNICEF through the UNICEF Bangladesh Facebook page since 8 August 2017. The specific activities through this social media campaign on newborn health includes regular posting of message, photographs, videos, infographics, live facebook feed, quarterly roundtables with The Daily Star and The Prothom Alo, and involving UNICEF Bangladesh Goodwill Ambassadors in promoting key newborn messages as per their availability. The initial target of this campaign is to engage with 5 million people on newborn health issues by the end of December 2018 and mass awareness raised through social media activation.



Roundtable meeting on Essential Newborn Care

A roundtable meeting on Essential Newborn Care was held on 10th August 2017. The goal of the meeting was to address the newborn health issue with top priority from policy making level to every sphere of society. Mr. Zahid Maleque, the honorable state minister of Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh delivered the inaugural speech. The minister mentioned the great challenge to meet the target of newborn and child mortality within 2030. He addressed the importance of availability of facility delivery service, ANC & PNC, nutrition, vaccination & initiation of early breast feeding, the infrastructure & environment of service delivery, skilled manpower and smooth communication system to enhance the newborn and maternal health.

DG-DGHS, DG- DGFP, child specialist, professor, president BMDC and president Bangladesh Pediatric Association [BPA], Director PHC, DGHS, Director, MCH-S and Line Director MCRAH DGFP, Line Director MNC&AH, DGHS; Sr Director ICDDRb, Health Specialist, UNICEF; Director SNL- Save the Children; Project director CARE Bangladesh, Director BRAC were also present and gave their valuable opinion in the meeting.



News of Roundtable meeting on Essential Newborn Care in The Daily Prothom Alo

BRAC Delivery Centre: Experience of a young mother in urban slums

Shimu Akhter age of 18, gave birth to a baby boy On 31 July 2016 in a BRAC Delivery Centre, a simple two room set-up situated just beside Shimu's house in Tejgaon.

Shimu, the mother was very satisfied reflecting the knowledge that she had received from BRAC Shasthya Shebika (SS) and Shasthya Kormi (SK); first and second frontline community health workers (CHWs) respectively; and midwives in various session during her pregnancy. After drying and wrapping, the baby was given to Shimu just after birth for breastfeeding and was provided with other components of essential newborn care by the midwife with the help of the Urban Birth Attendent (UBA). Shimu was also given misoprostol to prevent post-partum hemorrhage and after six hours of observation and check-up, she was discharged from the centre with a healthy baby.



“After my baby's delivery, SK and SS apa have visited me and my baby few times for checkup and gave me family planning advice also. As I'm not that much educated, I really didn't know how to feed the baby properly. They also showed me that. They also gave me advice to give only breast milk to my baby for 6 months and showed how to feed my baby from 7th months of age. I feel really comfortable sharing my problems with them,” said Shimu.

Shimu Akhter with her baby girl



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- BRAC
- Unicef

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